The strategies for prevention and control of epidemics includes:

1. Early diagnosis, prompt treatment and appropriate cases management.
2. Integrated vector control Epidemic preparedness and early response.
3. Information, education and communication for generating awareness about prevention and control of disease.
4. Capacity building by training of health care workers, NGOs in prevention and control activities.
5. Monitoring and Evaluation including computerized management information system.

Lack of modern equipments in intensive care units

†375. SHRI SURENDRA LATH:
SHRI KRIPAL PARMAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the WHO has assessed about the fact that Intensive Care Units (ICU.) in Indian hospitals do not match global standards;

(b) if so, the details thereof;

(c) whether the hospitals with ICU facility are equipped with modern equipments;

(d) if not, the action taken by Government in this regard;

(e) whether all hospitals are having trained paramedical staff; and

(f) if not, the steps taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The World Health Organization has informed that they have not undertaken any evaluation of ICUs in India.

(c) and (d) All the Central Government Hospitals with ICU facilities are equipped with modern equipments.

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†Original notice of the question was received in Hindi.

(e) and (f) The trained para-medical staff are available in all the Central Government Hospitals.

Iodised salt and goitre

†376. SHRI SURENDRA LATH:
SHRI KRIPAL PARMAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the methodology to prove that non-iodised salt plays a vital role in causing goitre and mental retardation in children in the country;

(b) whether it is a fact that Government have no means to prevent the diseases caused due to consumption of excess quantity of iodine by. using iodised salt;

(c) if so, the rationale behind making the sale of iodised salts compulsory; and

(d) the reasons for Government's intention for initiating an international debate on the issue instead of doing it at the national level?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) It is well established medical fact that nutritional iodine deficiency results in a spectrum of diseases designated as Iodine Deficiency Disorders (IDD) which include goitre, mental and physical retardation, still birth, neuromotor defects, cretins etc. Most of the Iodine deficiency disorders are permanent and incurable in nature except a few types of goitre, but all these can be prevented by regular consumption of iodised salt.

In our country, the iodine level in salt at the consumption level is 15 ppm (parts per million) while at production level it is 30 ppm. The average consumption of iodised salt per person per day is 10 gm. Thus the possibility of excess consumption of iodine through iodised salt does not arise. The iodine level of iodised salt is absolutely safe. In Japan, the consumption of iodine is upto 3000 microgram per day and they have not

†Original notice of the question was received in Hindi.